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February 26, 2013

The Honorable Terry Geratana, Co-Chair
The Honorable Betsy Ritter, Co-Chair
Public Health Committee
Room 3000, Legislative Office Building
Hartford, CT 06106

By email: phc.testimony@cga.ct.gov

Dear Senator Geratana, Senator Ritter and Members of the Public Health Committee:

I represent VOR, a national organization advocating for high quality care and human rights for people with intellectual and developmental disabilities. VOR's members are primarily family members of individuals with severe and profound intellectual disabilities.

VOR submits this testimony to urge your support for a proposal to amend Senate Bill 129, which is currently before your committee, with language to reopen the Southbury Training School ("STS") to new admissions.

Given its long history of providing comprehensive, highly specialized care to Connecticut citizens with profound disabilities, STS is a crucial part of Connecticut's system of care for the intellectually and developmentally disabled which should be preserved and expanded.

STS is a Medicaid-licensed Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID). Funded in part by the federal government, STS' ICF/ID designation requires that on an annual basis STS meet strict federal standards relating to resident care, health, safety and well-being. As is typical of state-operated ICFs/ID around the country, STS residents are among Connecticut's most disabled citizens, experiencing profound intellectual, physical, and medical disabilities.

**Proportion of Residents of Large State Facilities with
Various Additional Conditions by State on June 30, 2010**

State	Deaf	Blind	Cerebral Palsy	Epilepsy	Psychiatric Disorder	Behavioral Disorder	Two or More Conditions	Autism Spectrum Disorder	Receiving Medication for mood/behavior
CT	1.9	8.0	43.2	61.2	44.0	60.2	94.3	21.4	44.4

**Selected Functional Needs of Residents of Large State ID/DD Facilities
by State on June 30, 2010**

Functional Limitations (%)								
	Needs Assistance / Supervision with . . .						Cannot . . .	
State	Transferring	Walking	Eating	Toileting	Dressing		Understand Simple Verbal Requests	Communicate Basic Desires Verbally
CT	53.5	47.8	59.1	67.5	94.8		75.3	77.4

Source: Larson, S.A., Ryan, A., Salmi, P., Smith, D., and A. Wuorio (2012). Residential Services for Persons with Developmental Disabilities: Statues and trends through 2010. University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration (Table 1.18 and Table 1.19, pp. 39-40)

STS offers an array of services that are crucial to the survival and well-being of this fragile population, including on-site 24/7 health care that enables individuals to receive care that would otherwise be available only in a hospital or nursing home; staff psychiatrists who are familiar with the history of each resident; an experienced direct care staff with minimal turnover; and a dental clinic.

In addition, to providing comprehensive services to the people who live there, STS provides dental and other services to more than 500 community-based clients of the Department of Developmental Services. This “Community Resource Center” model is offered in other states which, like Connecticut, recognize the cost-effectiveness of utilizing its state-operated ICF/ID infrastructure for individuals who, but for access to the ICF/ID as “outpatients,” would be met with tragedy for lack of access to specialized supports, or would be served in perpetual “crisis-mode” in emergency rooms, hospitals, and correctional facilities, at great cost to the State.

Although Connecticut has embraced the cost-effectiveness of opening STS’ doors for “outpatient” care, a decades-long policy of closed admissions works at cross-purposes with cost-effectiveness. Closed admissions to STS since 1986 have resulted in higher fixed costs over time as the resident population has declined. Nationally, growing waiting lists, increased emergency room use, individuals with I/DD in nursing homes, and well-documented abuse, neglect and death of I/DD individuals in small settings, suggest the need for access to comprehensive, specialized supports.

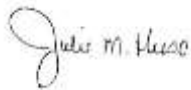
The Public Health Committee has opportunity to proactively address these concerns. Not every Connecticut citizen with profound I/DD can be served as “outpatients.” STS can be a residential refuge for individuals whose care needs are not being met. To deny admission for individuals are on a waiting list for adequate services, are being served by elderly parents, or whose care needs have outpaced their community providers’ abilities to provide consistently safe care, is cruel.

We believe that allowing new admissions to STS would accomplish the following:

- New admissions would result in a lowered cost of care per resident at the facility and help make it financially viable.
- New admissions would shorten or possibly eliminate a growing waiting list for residential care and services for intellectually disabled people throughout the state.
- New admissions would allow STS to continue and possibly expand its role as a resource for dental and medical care for community-based clients of DDS.

Reopening the doors at STS will both revitalize the facility and benefit many more people in the surrounding community. Please amend Senate Bill 129 with language to reopen the Southbury Training School ("STS") to new admissions. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Julie M. Huso".

Julie M. Huso
Executive Director

cc:

Ann Knighton, President
Martha Dwyer, Connecticut VOR Co- State Coordinator
Hugo Dwyer, Connecticut VOR Co-State Coordinator
Robert Wood, Connecticut VOR Co-State Coordinator